

COPPER ANALYSIS INPUT FORM

System Name PFIZER, INC
Address 100 JEFFERSON ROAD PWS ID# 1429302
City PARSIPPANY Laboratory ID# 20071
State NT Zip 07054 Laboratory Name Townley
Number of Distribution Tap Samples Required 5 Number Taken 5
Multiply Number Taken by 0.9, Enter Here 4.5 (This is the 90th Percentile)
Copper Result at the 90th Percentile 0.54 mg/L Action Level = 1.3 mg/L
Copper Action Level Exceeded, Check Here ☐ PERIOD: 1st Half Jan-June 2nd Half July-Dec Year 02

IFTAKING 5 SAMPLES PER PERIOD, AVERAGE THE HIGHEST AND 2nd HIGHEST CONCENTRATIONS TO DETERMINE 90th PERCENTILE

WARNING: All samples MUST be listed in ascending order (lowest to highest).
Otherwise, forms will be returned with no credit given.

Sample Number	Location	Loc Type	Sample Date	Sign (<)	Result mg/L	Analysis Method	Analysis Date
1	FINANCE		9-4-02		0.21	3111B	9-30-02
2	Shipping & Receiving		↓		0.36	↓	↓
3	CAFETERIA		↓		0.36	↓	↓
4	PLC (NELC) Breakroom		↓		0.52	↓	↓
5	HR OFFICE		↓		0.56	↓	↓
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

I certify that each first draw sample collected by the water system is one-liter in volume and, to the best of my knowledge, has stood motionless in the service line, or in the interior plumbing of the sample site, for at least six hours; and if residents collected the samples, I certify that each tap sample collected by the residents was taken after they were informed of the proper sampling procedures specified in 141.86(b)(2).

Form prepared by: Owner/Operator or ☒ Laboratory Phone No. (908) 757-1137

Janet Mosley
Print Name

Janet Mosley
Signature

10-1-02
Date

* see back of form

Sampled By Client

252520



LEAD ANALYSIS INPUT FORM

System Name PFIZER, INC
Address 100 JEFFERSON ROAD PWS ID# 1429302
City PARSIPPANY Laboratory ID# 20071
State NJ Zip 07054 Laboratory Name Townley
Number of Distribution Tap Samples Required 5 Number Taken 5
Multiply Number Taken by 0.9, Enter Here 4.5 (This is the 90th Percentile)
Lead Result at the 90th Percentile 0.014 mg/L Action Level = 0.015 mg/L
Lead Action Level Exceeded, Check Here ☐ PERIOD: 1st Half Jan - June 2nd Half July - Dec Year 10-1-02

IF TAKING 5 SAMPLES PER PERIOD, AVERAGE THE HIGHEST AND 2nd HIGHEST CONCENTRATIONS TO DETERMINE 90th PERCENTILE.

WARNING: All samples MUST be listed in ascending order (lowest to highest).
Otherwise, forms will be returned with no credit given.

Sample Number	Location	Loc Type	Sample Date	Sign (<)	Result mg/L	Analysis Method	Analysis Date
1	Shipping, Receiving		9-4-02	<	0.001	200.9	9-18-02
2	FINANCE			<	0.001		
3	PLC (NECC) BREAK ROOM				0.001		
4	HR OFFICE				0.003		
5	CAFETERIA				0.026		
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

I certify that each first draw sample collected by the water system is one-liter in volume and, to the best of my knowledge, has stood motionless in the service line, or in the interior plumbing of the sample site, for at least six hours; and if residents collected the samples, I certify that each tap sample collected by the residents was taken after they were informed of the proper sampling procedures specified in 141.86(b)(2).

Form prepared by: Owner/Operator or X Laboratory Phone No. (908) 757-1137
JANET MOSLEY Signature [Signature] Date 10-1-02
Print Name

* see back of form

Sampled by Client



TOWNLEY

LABORATORIES, INC.
ENVIRONMENTAL TESTING SERVICES

SINCE 1960

Gene LaRose
Bigler Assoc.
c/o Pfizer, Inc.
100 Jefferson Rd.
Parsippany NJ 07054

WELL WATER ANALYSIS REPORT

Date of Report: 10/01/02
Lab ID: 02-0018467
Project Number: 02090553
Date Sampled: 09/04/02 07:00
Date Received: 09/16/02 13:30
Sampled By: Customer
PWSID No: 1429302

Sample Desc: Cafeteria

	Result	Unit	Det Limit	Procedure	Lower Limit	Upper Limit
METALS						
Copper	0.36	mg/l	.01	3111b	0	1.3
Lead	0.026	mg/l	.001	200.9	0	.015 *

COMMENTS

01 DEP Form attached

Note: At the time of sampling, this water meets the NJ Drinking Water Standards stated above for the parameters tested except those marked with a * symbol.

Copies:

Reviewed and Approved By:

Janice Lapinski
Janice Lapinski
Lab Supervisor

Page: 1

Date of Report: 10/01/02
Lab ID: 02-0018467

Bigler Assoc.

	Spl Prep Date	Spl Prep Time	Test Date	Test Time	Dil Factor
	-----	-----	-----	-----	-----
METALS					
Copper	---	---	09/30/02	12:10	1
Lead	---	---	09/18/02	14:20	1

WELL WATER ANALYSIS REPORT

Date of Report: 10/01/02
Lab ID: 02-0018468
Project Number: 02090553
Date Sampled: 09/04/02 07:10
Date Received: 09/16/02 13:30
Sampled By: Customer
PWSID No: 1429302

Gene LaRose
Bigler Assoc.
c/o Pfizer, Inc.
100 Jefferson Rd.
Parsippany NJ 07054

Sample Desc: PLC (NELC) Breakroom

	Result	Unit	Det Limit	Procedure	Lower Limit	Upper Limit
METALS						
Copper	0.52	mg/l	.01	3111b	0	1.3
Lead	0.001	mg/l	.001	200.9	0	.015

COMMENTS

01 DEP Form attached

Note: At the time of sampling, this water meets the NJ Drinking Water Standards stated above for the parameters tested except those marked with a * symbol.

Copies:

Reviewed and Approved By:


Janice Lapinski
Lab Supervisor

Page: 1

Date of Report: 10/01/02
Lab ID: 02-0018468

Bigler Assoc.

	Spl Prep Date	Spl Prep Time	Test Date	Test Time	Dil Factor
METALS					
Copper	---	---	09/30/02	12:10	1
Lead	---	---	09/18/02	14:20	1



WELL WATER ANALYSIS REPORT

Date of Report: 10/01/02
Lab ID: 02-0018469
Project Number: 02090553
Date Sampled: 09/04/02 07:20
Date Received: 09/16/02 13:30
Sampled By: Customer
PWSID No: 1429302

Gene LaRose
Bigler Assoc.
c/o Pfizer, Inc.
100 Jefferson Rd.
Parsippany NJ 07054

Sample Desc: Finance

	Result	Unit	Det Limit	Procedure	Lower Limit	Upper Limit
METALS						
Copper	0.21	mg/l	.01	3111b	0	1.3
Lead	<.001	mg/l	.001	200.9	0	.015

COMMENTS

01 DEP Form attached

Note: < = Compound not found at Detection Limit.

Note: At the time of sampling, this water meets the NJ Drinking Water Standards stated above for the parameters tested except those marked with a * symbol.

Copies:

Reviewed and Approved By:

Janice Lapinski
Janice Lapinski
Lab Supervisor

Page: 1

Bigler Assoc.

	Spl Prep Date	Spl Prep Time	Test Date	Test Time	Dil Factor
METALS					
Copper	---	---	09/30/02	12:10	1
Lead	---	---	09/18/02	14:20	1



WELL WATER ANALYSIS REPORT

Date of Report: 10/01/02
Lab ID: 02-0018470
Project Number: 02090553
Date Sampled: 09/04/02 07:30
Date Received: 09/16/02 13:30
Sampled By: Customer
PWSID No: 1429302

Gene LaRose
Bigler Assoc.
c/o Pfizer, Inc.
100 Jefferson Rd.
Parsippany NJ 07054

Sample Desc: HR Office

	Result	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit
METALS						
Copper	0.56	mg/l	.01	3111b	0	1.3
Lead	0.003	mg/l	.001	200.9	0	.015

COMMENTS

01 DEP Form attached

Note: At the time of sampling, this water meets the NJ Drinking Water Standards stated above for the parameters tested except those marked with a * symbol.

Copies:

Reviewed and Approved By:

Janice Lapinski
Janice Lapinski
Lab Supervisor

Page: 1

Date of Report: 10/01/02
Lab ID: 02-0018470

Bigler Assoc.

	Spl Prep Date	Spl Prep Time	Test Date	Test Time	Dil Factor
METALS					
Copper	---	---	09/30/02	12:10	1
Lead	---	---	09/18/02	14:20	1



WELL WATER ANALYSIS REPORT

Date of Report: 10/01/02
Lab ID: 02-0018471
Project Number: 02090553
Date Sampled: 09/04/02 07:40
Date Received: 09/16/02 13:30
Sampled By: Customer
PWSID No: 1429302

Gene LaRose
Bigler Assoc.
c/o Pfizer, Inc.
100 Jefferson Rd.
Parsippany NJ 07054

Sample Desc: Shipping & Receiving

	Result	Unit	Det Limit	Procedure	Lower Limit	Upper Limit
METALS						
Copper	0.36	mg/l	.01	3111b	0	1.3
Lead	<.001	mg/l	.001	200.9	0	.015

COMMENTS

01 DEP Form attached

Note: < = Compound not found at Detection Limit.

Note: At the time of sampling, this water meets the NJ Drinking Water Standards stated above for the parameters tested except those marked with a * symbol.

Copies:

Reviewed and Approved By:

Janice Lapinski
Janice Lapinski
Lab Supervisor

Page: 1

Date of Report: 10/01/02
Lab ID: 02-0018471

Bigler Assoc.

	Spl Prep Date	Spl Prep Time	Test Date	Test Time	Dil Factor
	-----	-----	-----	-----	-----
METALS					
Copper	---	---	09/30/02	12:10	1
Lead	---	---	09/18/02	14:20	1



DMR/IDMR/MISC REPORTING FORMS

Reporting Forms should be signed and sent to the appropriate Agency.

Also sign the Transmittal Sheet if included.

It is very important that you check the information, calculations and results that we have entered on the Form before signing. Compare them to the individual reports we have sent. Also fill in any additional information that you have in your possession. Please call us if you have any questions or find any discrepancies.

There are substantial penalties for incorrect or incomplete reporting. It is your ultimate responsibility to submit a correct Form.

You should keep a reminder of your reporting due date and call us if you have not received it on time.